

Health Communication Takes on New Dimensions at CDC

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Synopsis

Actions by the Centers for Disease Control and Prevention (CDC) to integrate health communication into overall prevention programs as a means of influencing individual behavior to reduce risks to health are described. These actions include a set of 5-year goals for the Agency; a proposal to establish an Office of Health Communication to provide leadership and support for accomplishing

the goals; and establishment of a working group to create the proposed Office of Health Communication and to develop a framework for accomplishing the goals.

Fundamental to the policy was development of a definition of health communication as the Agency would practice it. Steps taken to reach this definition are outlined as well as the 10 steps adopted as a framework for health communication. The article concludes with a statement describing communication as a part of CDC's overall mission. The hope is that the ultimate accomplishment will be increased awareness among Americans of the importance of good health and their ability to achieve it.

CURRENT DATA SHOW that changes in relatively few common health behaviors can decrease significantly the nation's premature morbidity and mortality. The advocacy by the Centers for Disease Control and Prevention (CDC) of health communication as a prevention tool has gained immediacy with that information. Public messages about health risks and benefits, based firmly in science and presented with sensitivity to the consumer, are crucial to motivate such change.

The challenge to provide this information to the general public is a new one for CDC. Traditionally, the agency has communicated health information to professional colleagues—the public health community, medical and scientific groups, as examples—through scientific channels. Its primary avenue of communication with the public has been through the media.

Communication as Prevention Strategy

Faced with new responsibilities in prevention, CDC took steps in mid-1992 to develop the philosophical basis and organizational structure to incorporate quality health communication into prevention strategies.

Following interviews with more than 50 staff members from CDC and the Agency for Toxic Substances and Disease Registry and 13 health communication professionals, both in and out of government, an analysis and recommendations for future directions in communications were presented to the Director of CDC.

It was determined that major actions were not necessary to strengthen CDC'S public affairs activities or CDC's ongoing communication of scientific and policy information to the medical and public health communities. These two health communication activities were being conducted consistently well.

It was found, however, that health communication, as a means of influencing individual behavior to reduce risks to health, was not well integrated into many of CDC's prevention programs. There are widely differing levels of the use of health communication in CDC programs, from the sophisticated strategies of the Office on Smoking and Health and the National AIDS Information and Education Program, to programs in which communication is almost nonexistent. In the latter cases, either program managers have not considered communication a part of prevention programs; they

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have considered it, but do not see the value to prevention; or they want to consider it, but do not know where to start or do not have the resources to start.

Recommendations to strengthen health communication at CDC to influence behavior change led to a set of 5-year goals for the Agency:

1. CDC programs will effectively integrate marketing and communication considerations into program planning and design.
2. CDC programs will have received technical and training assistance enabling them to make informed decisions about the appropriate and effective use of health communication.
3. Effective health communication, incorporating appropriate evaluation, will be an integral component of all CDC behavior change programs.
4. CDC managers will view health communication as an integral prevention function.
5. The public health community will view health communication as a valued contributor to prevention and will integrate communication strategies into program planning and implementation.

Two major steps were recommended to accomplish these 5-year goals: establish an office of health communication to provide leadership and support to CDC programs and establish a working group to create the new office and develop a framework for accomplishing the goals.

I proposed to the Assistant Secretary for Health that CDC establish an Office of Health Communication in the Office of the Director, CDC, for a period of 5 years with a review of functions at the end of this period.

An eight-member health communication working group was established and began full-time work in August 1992. Also, a steering committee representing all CDC programs was established to provide direction to the working group and the new office, once it is created.

In addition to the administrative tasks related to

creating a new office, recruiting staff members, and developing contractual resources, the working group accomplished the following:

- developed a CDC specific definition for health communication and the ideologic basis for the definition,
- developed a process model for implementing health communication activities at CDC,
- created a mission statement for health communication at CDC,
- developed a model for integrating marketing into program planning and design (The Health Action Model), and
- developed a specific 5-year plan with a timetable for accomplishing objectives and goals to achieve the health communication mission.

In this space I would like to describe the first three of these accomplishments.

Definition

With establishment of the working group, CDC launched an initiative to define health communication, as the agency would practice it, and to design communication as a tool of prevention to be practiced with the same high standards as those set for other prevention interventions. To the best of our knowledge, CDC is the first agency to adopt so comprehensive an approach to planning for communication.

Health communication is a term used by many, but it lacks a precise definition. A search of the literature turned up relatively consistent definitions of health education and health promotion and descriptions that were consistently used for public affairs and mass communications. For the CDC definition of health communication, rich contributions were selected from several other disciplines, including the social sciences, health education, health promotion, mass communication, and marketing.

Theories about motivating behavior change, taken from social psychology and sociology, were important to the definition of health communication as a tool for changing health behavior. Concepts of qualitative and quantitative research were important in considering the evaluation of communication processes and effect.

Health education and health promotion contributed examples of ways to apply theories to the practical world of health behavior. They provided a

code of ethics not always available in other commercial disciplines.

Marketing contributed the concepts of environmental scanning, the importance of knowing what is out there globally in order to tailor information to address specific health challenges. Marketing also addressed the importance of audiences themselves—their needs, their attitudes and beliefs in helping to target messages and materials for successful health changes.

From mass communication comes important theory about how people receive and process information, in addition to information about attributes of different channels available for reaching audiences to be targeted with information.

The final result of deliberations based on these disciplines is the CDC definition of health communication:

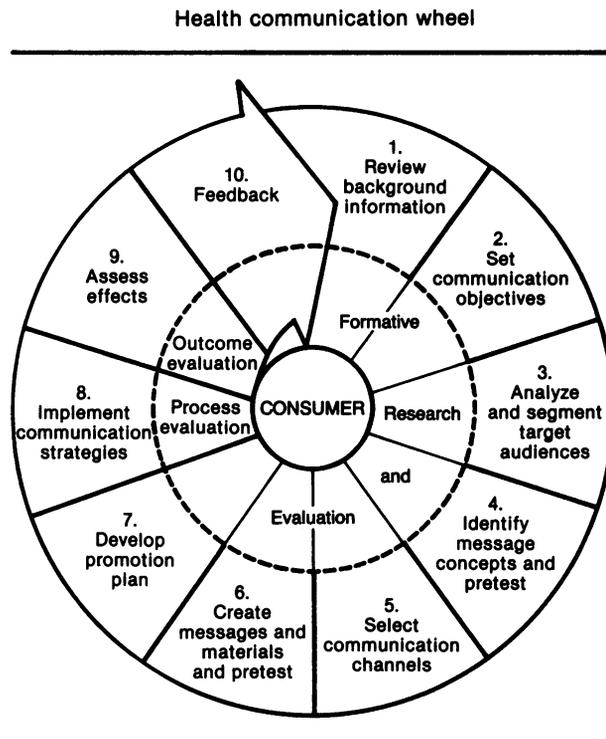
Health communication is the crafting and delivery of messages and strategies, based on consumer research, to promote the health of individuals and communities.

Framework for Health Communication

For implementing health communication programs at CDC, there is a framework based on 10 action steps. These 10 steps, depicted in the chart, follow:

1. Review background information (What's out there?). Environmental scanning is a term used in marketing to describe the monitoring and assessing of factors, within an organization and outside of it, which will effect successful planning and implementation of a project. At CDC some environmental scanning techniques include disease surveillance, trend extrapolation, and monitoring of the scientific and mass media. Results of environmental scanning can assist in making specific decisions about the scope and focus of the health communication component of a prevention program. The review of relevant policy and planning documents, as well as any goals and objectives drafted for the overall prevention program, will be essential to plan an effective health communication effort.

2. Set communication objectives (What do we want to accomplish?). When a prevention program has been identified, its goals and purposes clarified, and the role of health communication defined, the context is established for setting communication objectives. Health communication objectives must be clear, time-specific, measurable, and attainable.



They also should identify the optimal combination of communication methods and channels and articulate the expected results of the communication activity. The health communication objectives—to promote changes in awareness, knowledge, attitudes, beliefs, and, if appropriate, changes in certain behaviors—should support, and be derived from, the goals and objectives of the total prevention program.

3. Analyze and segment target audiences (Whom do we want to reach?). Careful audience analysis will help develop relevant messages and materials and to identify the channels most likely to reach and influence target audiences. The goal of audience segmentation is to identify the largest possible groups of people (among those affected by the issue) sharing key attributes that affect their attentiveness and response to a health issue and message. For some issues and messages, it may be sufficient to segment physical characteristics (for example, exposure to health risks) and demographic and cultural characteristics (for example, age, sex, race) alone; for others, it may be appropriate to consider characteristics such as behaviors (for example, smoking habits, exercise patterns), communication channels used (for example, specific radio stations or magazines), and psychological characteristics (for example, attitudes, values, opinions).

4. Develop and pretest message concepts (What

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do we want to say?). Formative research and evaluation are essential to determine what health message ideas or concepts will "connect" with the target audience and influence health choices. Literature review, in-depth interviews, and focus groups are examples of formative research which can be helpful in identifying key message concepts. For example, in determining what might prevent adolescents from starting to smoke cigarettes, formative research may indicate that message concepts related to the value of personal relationships and athletic performance, not long-term concerns about health, have been effective. Therefore, "Smoking affects athletic performance" and "Smoking is not compatible with being popular" might become two initial message concepts to be tested. A combination of formative research ("pretest") techniques can be used to help determine if one concept is more salient to adolescents than another, and which concepts should be developed into specific messages. The general approach to pretesting concepts is to share them with members of the target audience and gauge the reaction.

5. *Select communication channels (Where do we want to say it?).* Determining the optimal combination or "mix" of channels through which to send a specific health message is based on (a) consideration of the information habits of the target audience (the sources from which targeted audiences seek or receive news, other information and entertainment, or both). Such research will reveal which channels are credible and accessible to the target audience; (b) the concept of the message. Electronic media, for example, convey brief, simple, motivational messages well, while print media or other sources might be better to convey in-depth, complex information; and (c) the timeline and budget for a communication activity. Use of different but appropriate channels takes advantage of strengths of each channel and minimizes the risk that a single channel will "miss" a large part of the audience. A good mix of channels increases the opportunities for the target audience to be exposed

to the message a sufficient number of times to absorb and remember it.

6. *Create and pretest messages and products (How do we want to say it?).* After selection of the best mix of channels to reach a target audience, it is necessary to choose communication formats to fit the channels (for example, brochure, public service announcement, poster). Communication format, in turn, will affect the content and delivery of messages. For example, references to specific high-risk sexual practices may be acceptable for a brochure distributed through health clinics but not for a public service ad shown on commercial TV. Crafting of specific messages follows determination of message concepts that are most important for the prevention program and are motivational to the target audience. Pretesting of the messages for effectiveness is done while materials are in draft form to allow changes to be made without great expense if testing reveals ways to improve the messages or materials. Methods for pretesting include "intercept" interviews with members of the target audience (brief interviews on the street or at a central location such as a school or shopping mall) and focus groups. Pretest results should be used to revise messages and materials before proceeding with "finished" products.

7. *Develop promotion plan/production (How do we get it used?).* Developing a sound promotion plan for a communication activity is critical to ensure that it reaches its intended audiences and is not "lost in the ether." The framework for the promotion plan should be tied to the communication objectives in the context of the broader prevention program. A comprehensive promotion plan should describe target audiences and channels, describe activities and events to promote and broaden the communication effort, describe methods to disseminate materials, describe mechanisms to store and track quantities of materials used and those remaining, describe logistical support for all of the above tasks, and provide an implementation timetable.

8. *Implement communication strategies and conduct process evaluation (Let's do it!).* Careful research and planning throughout the process of developing a communication component sets the stage for action. Communication activities take place through all appropriate media and organizational channels, timed to support other elements of the prevention program (for example, support services, community outreach efforts). Evaluation does not end with implementation. Process evaluation is needed to determine if mass media and

organization "gatekeepers" are active in the communication activities, if messages and materials are reaching target audiences, and if the overall activity is proceeding on time, on strategy, and within budget. Process evaluation can also provide measures of message dissemination and exposure, using techniques and services such as clipping services, public service monitoring reports, "bounceback" cards, surveys, and measures of calls to hotlines or changes in inventory.

9. Conduct outcome and impact evaluation (How well did we do?). Process evaluation measures how well messages, materials, and activities were implemented and received by target audiences. Impact and outcome evaluation seeks to measure the effects of the communication activity on the target audiences. The terms "impact" and "outcome" are used differently by different evaluation experts; for CDC's purposes, outcomes are short-term effects and impacts are long-term effects. Both levels of evaluation measure changes in awareness, knowledge, attitudes, and behaviors attributable to the communication activity. This phase of evaluation is the most difficult and most costly. In a comprehensive prevention program, it can be difficult to separate the effects of health communication from the effects of other elements of the program. Outcome and impact evaluation may be less necessary for programs that test the effectiveness of messages and strategies through extensive formative research and evaluation and then track the dissemination and reception of messages through rigorous process evaluation. Even in the absence of outcome and impact data, formative research combined with process evaluation should give some indication of the likelihood of success of the communication activity.

10. Feedback to improve communication (Where do we go from here?). Feedback from evaluating the effectiveness of health communication activities can help identify both strengths and weaknesses and suggest a course of action for improving the activities where necessary. By design, feedback is ongoing and action-oriented. It should lead to improved decisions about effective use of communication in both the planning and implementation of prevention programs.

These 10 steps are depicted in the chart as the CDC health communication wheel. Note that the concept of consumer based research is at the center of all health communication activity. And note also the importance of formative research and evaluation to the planning and creative aspects of health

communication. Health communication planning should be coordinated with the planning of the other prevention program components.

Mission Statement

A statement describing communication as a part of CDC's overall mission is an additional tool for program managers to use in developing communication activities. The work group and advisory group determined that such a statement would be: Effective health communication activities will be an integral component of all programs designed to promote health, improve quality of life, and foster healthful environments. To accomplish that mission, further goals and objectives were identified related to the development of CDC as a leader in the field of health communication, to CDC's provision of capacity-building-technical assistance in communication to others in the public health community, the insistence of quality assurance as health communication activities increase, and to new responsibilities in research and evaluation of communication efforts.

The new Office of Health Communication will be a resource for CDC and its partners at many levels of public health. It will be staffed with specialists in the field of health communication who will supply technical assistance and training to program managers at CDC and in health departments. The result should be improved health communication products and strategies to be shared throughout the health community. The ultimate accomplishment, I hope, will be increased awareness among Americans of good health and knowing how to protect themselves with their daily decisions.